J.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U	2. Fiscal Year Covered From:
2520	. Through: 2 / 3 / 22
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Susan E la leven	Name AESCHE
•	Labor Organization File Number 000-9.89
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1619 Roxanna Ren NW	Street Street
City Washington	City 7022 February States
State D C ZIP Code + 4 Zip C 1 9	State ZIP Code + 4 ZIP Code + 4
5. Position in labor organization.	able Bmolates
(except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions): r derived income or other economic benefit of tion represents or is actively seeking to represent.
(except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization	lusions set forth in the instructions): r derived income or other economic benefit of tion represents or is actively seeking to represent.
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Telephone Number

Name of Person Filing Susan G. Holleran	File Number U- 2520	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or lessing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or lessing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Rely Press, Inc. Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1701 Caloin Branch Dr. City Cheveny State MD ZIP Code + 4 20785	or other thing of value. 14.a. Nature of payment. Lunch \$117.89 Holiday \$14-815.00 Bolt on 12/8/04	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	